

## SINGAPORE MEDICAL COUNCIL CATEGORY 3B CME PROGRAMME (Code SMJ 201604B)

**Question 1.** Regarding glenohumeral osteoarthritis:

- (a) Avascular necrosis is a cause of secondary glenohumeral osteoarthritis.
- (b) Inflammatory arthropathy is not a cause of secondary glenohumeral osteoarthritis.
- (c) The majority of patients with glenohumeral osteoarthritis are treated with analgesics, with or without physical therapy.
- (d) Intra-articular injections of steroids or viscosupplements have been found to provide temporary relief.

True      False

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**Question 2.** The different options available in shoulder reconstruction surgery include:

- (a) Humeral head resurfacing.
- (b) Hemiarthroplasty.
- (c) Anatomic total shoulder arthroplasty.
- (d) Reverse shoulder arthroplasty.

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**Question 3.** Concerning the potential complications of an anatomic total shoulder arthroplasty:

- (a) Rotator cuff failure is a potential complication.
- (b) Dislocation is not a recognised complication.
- (c) Periprosthetic fracture is the most commonly encountered complication.
- (d) Glenoid component loosening is the most commonly encountered complication.

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**Question 4.** Regarding imaging evaluation of patients following an anatomic total shoulder arthroplasty:

- (a) Preliminary imaging evaluation is typically performed using plain radiographs.
- (b) Detection of component loosening using computed tomography (CT) may be limited by the presence of significant metal artefacts arising from the prosthetic implant.
- (c) CT arthrography has been reported to have a high positive predictive value in the diagnosis of glenoid component loosening.
- (d) Osteolysis, implant loosening and wear-induced synovitis may also now be evaluated using magnetic resonance imaging due to advances in metal artefact suppression imaging techniques.

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**Question 5.** The indications for a reverse shoulder arthroplasty include:

- (a) Failed anatomic total shoulder arthroplasty secondary to rotator cuff dysfunction.
- (b) Rotator cuff arthropathy.
- (c) Severe proximal humeral fractures with greater tuberosity malposition or non-union.
- (d) Massive rotator cuff tear.

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**Doctor's particulars:**

Name in full : \_\_\_\_\_  
 MCR number : \_\_\_\_\_ Specialty: \_\_\_\_\_  
 Email address : \_\_\_\_\_

**SUBMISSION INSTRUCTIONS:**

(1) Log on at the SMJ website: <http://www.sma.org.sg/publications/smjcurrentissue.aspx> and select the appropriate set of questions. (2) Provide your name, email address and MCR number. (3) Select your answers and click "Submit".

**RESULTS:**

(1) Answers will be published in the SMJ June 2016 issue. (2) The MCR numbers of successful candidates will be posted online at the SMJ website by 30 May 2016. (3) Passing mark is 60%. No mark will be deducted for incorrect answers. (4) The SMJ editorial office will submit the list of successful candidates to the Singapore Medical Council. (5) One CME point is awarded for successful candidates.

**Deadline for submission: (April 2016 SMJ 3B CME programme): 12 noon, 23 May 2016.**